

Case Number:	CM15-0215393		
Date Assigned:	11/05/2015	Date of Injury:	03/22/2005
Decision Date:	12/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of March 25, 2005. In a Utilization Review report dated October 2, 2015, the claims administrator failed to approve requests for Nucynta and Movantik. The claims administrator referenced a September 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 23, 2015, Nucynta and Movantik were seemingly endorsed. On a progress note dated September 24, 2015, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant was using Nucynta for pain relief, the treating provider acknowledged. 10/10 pain without medications versus 4/10 with medications was reported. The applicant was using Movantik for opioid-induced constipation, the treating provider reported. Nucynta was renewed. The treating provider stated that the applicant's medications were beneficial but did not elaborate further. The applicant's work status was not clearly reported. On June 24, 2015, the attending provider acknowledged that the applicant was off of work and receiving both Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation indemnity benefits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nucynta IR 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004 Guidelines, Section(s): Initial Approaches to Treatment and the MTUS Chronic Pain Medical Treatment 2009 Guidelines, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications and the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Nucynta immediate release, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, the treating provider acknowledged on June 24, 2015. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the treating provider noted on that date, but while the treating provider did outline a reduction in pain scores from 10/10 without medications to 4/10 with medications on September 21, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Nucynta usage. Therefore, the request was not medically necessary.

Movantik 25mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office of Drug Evaluation III in the FDA's Center for Drug Evaluation and Research.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Food and Drug Administration.

Decision rationale: Conversely, the request for Movantik was medically necessary, medically appropriate, and indicated here. Page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that prophylactic treatment of constipation should be initiated in applicants using opioid agents. Here, the treating provider noted on the September 24, 2015 office at issue that the applicant had experienced actual symptoms of constipation associated with Nucynta usage and also reported that ongoing usage of Movantik had attenuated the same. Continuing the same, on balance, was indicated, particularly in light of the fact that the Food and Drug Administration (FDA) notes that Movantik is an opioid antagonist indicated in the treatment of opioid-induced constipation, i.e., the operating diagnosis here. Therefore, the request was medically necessary.